

Commonwealth of Virginia Corporate Travel Card Request

Agency Organizational Unit/Cost Center

Date of Request _____

TO: _____ FROM: _____
Travel Program Administrator Unit Manager/Supervisor

A travel charge card is hereby requested for the following employee under my supervision (**please print or type all information as requested below**).

Name as it should appear on the card: _____

Employee's Social Security Number: _____

Employee's Job Title _____

Employee's Work Phone (____) _____ Employee's Home Phone (____) _____

Employee's Email: _____

Home Mailing Address (Provide complete address including Zip Code):

Agency Code: _____

I hereby certify that I have provided the employee with CAPP Topic 20336 and advised them of the proper use and responsibilities of a cardholder.

Requested Credit Limit \$ _____

Signed: _____ Date: _____
Employee Signature

Signed: _____ Date: _____
Supervisor Signature

Approved by Agency Travel Program Administrator

Date

Send Copy of this form to the Human Resources Office

Commonwealth of Virginia Corporate Travel Card Employee Agreement

I, _____, acknowledge receipt of an American Express Corporate Travel Card. As a Cardholder, I agree to comply with the following terms and conditions regarding my use of the Card.

1. I understand that I am being entrusted with a valuable purchasing tool and will be making financial commitments on behalf of myself and will strive to obtain the best value for the agency.
2. I understand that I am liable to American Express for all authorized charges made on the Card.
3. I agree to use this Card for official state business travel only and agree not to charge personal purchases. I understand that my agency will review the use of this Card and the related management reports and take appropriate action on any discrepancies.
4. I will follow the established procedures for the use of the Card. Failure to do so may result in either revocation of my privileges or other disciplinary actions, including termination of employment.
5. I agree to return the Card immediately upon request or upon termination of employment (including retirement). Should there be any organizational change that causes my cost center to likewise change, I also agree to return my Card and arrange for a new one, if appropriate.
6. If the Card is lost or stolen, I agree to notify the Travel Program Administrator and American Express immediately.

Employee Signature/Date

Agency and Cost Center

Employee Social Security Number

Supervisor's Signature/Date

Program Administrator's Signature

Date